



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of the Chief Academic Officer

**2012 DCPS Summer Credit Recovery Program
FERPA Letter**

Office of College and Career Readiness

1200 First Street, N.E. 8th Floor
Washington, DC 20002
202-442-5002

FERPA LETTER – Must be signed in order for your child to be enrolled in the 2012 DCPS High School Summer Credit Recovery Program.

Dear Parents/Guardians,

In an effort to serve your child better in the high school summer program, DCPS works with organizations that specialize in providing academic, enrichment and wellness programs. In order to more effectively tailor the high school summer program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Provider(s) at your child's school.

Please indicate below whether you consent to give the Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS's sharing of this information about your child with the Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Provider(s), with a right to access your child's education records, have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Provider(s) at my child's school.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name